

Questionnaire

Eligibility Criteria:

Q1: How long have you known that you have diabetes?

Years _____ Months _____ If date is provided _____

Q2: How long have you been residing at Pokhara Metropolitan?

Years _____ Months _____ If date is provided _____

Section-A: Demographic Information

Q3. Age..... completed years

Q4. Gender.....

Q5. Ethnicity

- | | | |
|-------------------------|------------------------------------|---|
| 0. Dalit | 1. Disadvantaged Janajatis | 2. Disadvantaged non-dalit Terai caste groups |
| 3. Religious Minorities | 4. Relatively advantaged Janajatis | 5. Upper caste groups |

Q6. Marital Status

- | | | |
|-----------------------|------------|-------------------------|
| 0. Single (Unmarried) | 1. Married | 2. Separated |
| 3. Divorced | 4. Widowed | 5. Other (specify)..... |

Q7. The total number of family members (living together in the household sharing the same kitchen).....

Q8. Type of Family

- | | | |
|------------|----------|-------------|
| 0. Nuclear | 1. Joint | 2. Extended |
|------------|----------|-------------|

Q9. Educational Level

- | | | |
|--------------------|-------------------------------------|----------------------------|
| 0. Illiterate | 1. Literate with informal education | 2. Primary Level |
| 3. Secondary Level | 4. Higher Secondary Level | 5. Undergraduate and above |

Q10. What was your main occupation within the past year?

- | | | |
|--------------------------|----------------------|--------------------------------|
| 0. Unemployed | 1. Agriculture | 2. Service(Private/Government) |
| 3. Daily wage laborer | 4. Own a business | 5. Oversees employment |
| 6. Home Maker | 7. Retired (Pension) | 8. Retired (without Pension) |
| 9. Others (Specify)..... | | |

Section-B: Health-related characteristics

Q11. What types of treatment are you currently using?

- | | | |
|----------------------------|----------------------------|---------------|
| 0. No treatment | 1. Oral tablet | 2. Insulin |
| 3. Both tablet and insulin | 4. Only dietary management | 5. Other..... |

Q 12. Do you use Insulin for treatment of Diabetes management?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

Q 13. How difficult do you feel to follow the dietary recommendation for the management of your diabetes?

- | | | |
|------------------|--------------------|-------------------------|
| 0. Too difficult | 1. A bit difficult | 2. Not difficult at all |
|------------------|--------------------|-------------------------|

Q 14. Is there any health insurance to cover the diabetes related cost

- | | | |
|-------------------------|---------------------------------|-------------------------------|
| 0. Yes, cover full cost | 1. Yes, but covers partial cost | 2. . No there is no insurance |
|-------------------------|---------------------------------|-------------------------------|

Q 15. Do you have any complications resulted due to diabetes?

- | | | |
|--------|-------|----------------------------------|
| 0. Yes | 1. No | If yes continue, if No go to Q18 |
|--------|-------|----------------------------------|

Q 16. What are the complications resulted due to diabetes? (Multiple choices)

- | | | |
|---------------------------|--------------------|-----------------------|
| 0. Cardiovascular disease | 1. Neuropathy | 2. Nephropathy |
| 3. Retinopathy | 4. Skin conditions | 5. Hearing impairment |
| 6. Other_____ | | |

Q 17. Number of complications_____

Q 18. Do you have any other chronic illness other than these complications?

- | | |
|--------|-------|
| 0. Yes | 1. No |
|--------|-------|

3. Very Often
1. Not very often

2. Quite Often
0. Not at all

A7. I can sit at ease and feel relaxed

0. Definitely
2. Not often

1. Usually
3. Not at all

Section F: History of Disease and Lifestyle Factors

Q23. Have you ever been diagnosed with any mental distress such as depression, anxiety or so on?

0. Yes 1. No

If Yes, specify.....

Q24. In your family, has anyone in the last three generations been diagnosed with any mental distress such as depression, anxiety or so on?

0. Yes 1. No 2. Don't Know

If Yes, specify.....

Q25. In the past one month have you ever used any tobacco products (smoking, chewing tobacco) ?

0. Yes 1. No

Q26. In the past one month have your ever consumed any hard drink or alcohol?

0. Yes 1. No

Q27. How many hours in an average do you sleep in a day? (based on the average of past one week)

Sleep hours.....hrs per day

Q28. Are you satisfied with your sleep quality and duration?

0. Satisfied 1. Not Satisfied

Section G: COVID-19 Status

Q.29. Have you ever got tested for COVID-19?

0. Yes 1. No

Q.30 what was the result

0. Positive 1. Negative 2. Never Tested

Q.31 Have you received any COVID-19 vaccine?

0. Yes, Received vaccine 1. No, didn't received vaccine

Q.32 Have you received complete two doses?

0. Complete vaccine dose 1. Incomplete vaccine dose 2. Didn't received vaccine

Q 33: Please respond to each item by ticking (✓) one of the five (5) responses that reflects how you feel, think or act toward COVID-19

Fear of COVID-19 Items	Strongly	Disagree	Neutral	Agree	Strongly
	Disagree				Agree
1. I am most afraid of Corona	1	2	3	4	5
2. It makes me uncomfortable to think about Corona	1	2	3	4	5
3. My hands become clammy when I think about Corona	1	2	3	4	5
4. I am afraid of losing my life because of Corona	1	2	3	4	5
5. When I watch news and stories about Corona on social media, I become nervous or anxious.	1	2	3	4	5
6. I cannot sleep because I'm worrying about getting Corona infection/ reinfection.	1	2	3	4	5
7. My heart races or palpitates when I think about getting Corona infection/ reinfection.	1	2	3	4	5
Q 34. Section C. Multidimensional Scale of Perceived Social Support					

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement by selecting one for seven options at each statement-making a circle.							
	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. I get the emotional help & support I need from my family	1	2	3	4	5	6	7
2. I can talk about my problems with my family.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. My family is willing to help me make decisions.	1	2	3	4	5	6	7
5. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
6. I can talk about my problems with my friends.	1	2	3	4	5	6	7
7. My friends really try to help me.	1	2	3	4	5	6	7
8. I can count on my friends when things go wrong	1	2	3	4	5	6	7
9. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
10. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
11. I have a special person who is a real source of comfort to me	1	2	3	4	5	6	7
12. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
Thank you for your participation							
To Be filled by Investigator							
Remark by the data collector				 Signature of the Data collector		